

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ESM	70591	9/2/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	(A)	JC135	10-10-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral)	A	Appeal
÷	Restricted	O	Objected

Claim	Date
Final	
Original	
1	9/1/00
2	9/1/00
3	✓ v
4	✓ ✓
5	✓ ✓
6	✓ ✓
7	✓ ✓
8	✓ ✓
9	✓ ✓
10	✓ ✓
11	✓ ✓
12	✓ ✓
13	✓ ✓
14	✓ ✓
15	✓ ✓
16	✓ ✓
17	✓ ✓
18	✓ ✓
19	✓ ✓
20	✓ -
21	✓ -
22	✓ -
23	✓ -
24	✓ -
25	✓ -
26	✓ ✓
27	✓ v
28	✓ ✓
29	✓ ✓
30	✓ ✓
31	N
32	N
33	N
34	N
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here